

UNITED STATES DEPARTMENT OF THE INTERIOR
 MINERALS MANAGEMENT SERVICE
 GULF OF MEXICO REGION
ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: **04-FEB-2007** TIME: **1225** HOURS

2. OPERATOR:

Merit Energy Company

REPRESENTATIVE: **Lloyd Sigur**

TELEPHONE: **(337) 262-8192**

CONTRACTOR: **ISLAND OPERATORS CO. INC.**

REPRESENTATIVE: **Robert Furey**

TELEPHONE: **(504) 368-1787**

3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR
 ON SITE AT TIME OF INCIDENT:

4. LEASE:

G13035

AREA: **MP** LATITUDE:

BLOCK: **261** LONGITUDE:

5. PLATFORM:

A

RIG NAME:

6. ACTIVITY:

EXPLORATION(POE)
 DEVELOPMENT/PRODUCTION
 (DOCD/POD)

7. TYPE:

HISTORIC INJURY

REQUIRED EVACUATION 1

LTA (1-3 days)

LTA (>3 days) 1

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury

FATALITY

POLLUTION

FIRE

EXPLOSION

LWC HISTORIC BLOWOUT

UNDERGROUND

SURFACE

DEVERTER

SURFACE EQUIPMENT FAILURE OR PROCEDURES

COLLISION HISTORIC >\$25K <=\$25K

STRUCTURAL DAMAGE

CRANE

OTHER LIFTING DEVICE

DAMAGED/DISABLED SAFETY SYS.

INCIDENT >\$25K

H2S/15MIN./20PPM

REQUIRED MUSTER

SHUTDOWN FROM GAS RELEASE

OTHER

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO.

OTHER

8. CAUSE:

EQUIPMENT FAILURE

HUMAN ERROR

EXTERNAL DAMAGE

SLIP/TRIP/FALL

WEATHER RELATED

LEAK

UPSET H2O TREATING

OVERBOARD DRILLING FLUID

OTHER _____

9. WATER DEPTH: **282** FT.

10. DISTANCE FROM SHORE: **65** MI.

11. WIND DIRECTION:
 SPEED: M.P.H.

12. CURRENT DIRECTION:
 SPEED: M.P.H.

13. SEA STATE: FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

The C operator was walking toward the Lead Operator on the lower production deck when he tripped over a well can cover and fell forward landing on his right side. The well can cover protruded about 2 to 3 inches above the grating due to cut casing that was put down too hard during P&A Operations. The operator was in the process of barricading off the area when he tripped. It was not painted at the time of the incident. The injured complained about pain in his back. He was transported to the hospital for a medical evaluation. He was diagnosed with an inflamed sciatic nerve and taken off work duty. He was given a full release on 2-8-07 and returned to work. The incident resulted in 4 days away from work for the injured.

18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:

Not paying attention to his surroundings.

19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **NO**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

29. ACCIDENT INVESTIGATION
PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Troy Trosclair

APPROVED

DATE: **20-APR-2007**